

OFFICE OF ECONOMIC OPPORTUNITY FINANCIAL STATUS REPORT
WEATHERIZATION SERVICES

OEO 03286 REV 06/06

1. Name of Agency				2. FEDERAL ID NUMBER				3. WAP/HARRP CONTRACT #				4. GRANT PERIOD (MO., DAY, YR)												
												From: July 1, 2006 To: June 30, 2007												
5. REPORTING PERIOD								6. FINAL REPORT																
												YES NO												
7. ACCOUNTING BASIS								8. DATE REPORT SUBMITTED																
Telephone Number:				CASH																				
FAX Number:				ACCURAL																				
9. Category	10. Total Expenditures Previously Reported		11. Current Period Expenditures		12. Total Expenditures To Date		13. Approved Budget		14. Unexpended Balance		15. Expected Obligations													
	WAP	HARRP	WAP	HARRP	WAP	HARRP	WAP	HARRP	WAP	HARRP	WAP	HARRP												
Training & Tech Asst					\$ -				\$ -															
Single Audit					\$ -				\$ -															
Administration					\$ -	\$ -			\$ -	\$ -														
Liability Insurance					\$ -				\$ -															
Materials					\$ -	\$ -			\$ -	\$ -														
Program Operations					\$ -	\$ -			\$ -	\$ -														
Health and Safety					\$ -				\$ -															
Total Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -												
					A.	A.																		
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -												
Program Accomplishments			B. Cash Received, Grant to Date (as of submission date)						Certification for Financial Assistance Agreement															
	WX	HARRP	C. Cumulative Program Income		\$ -	\$ -	As Chief Executive Officer of the recipient organization, I hereby certify that the cost of units																	
Contract Units			D. CASH Balance D= (B+C) - A		\$ -	\$ -	billed for reimbursement on the above Financial Status Report were incurred or delivered according to the																	
Completed This Month			E. Expected Obligations (Column 15)		\$ -		provisions of the assistance agreement. I further certify that any required matching expenditures																	
Completed To Date			F. Cash Requested F= (E D)		\$ -	\$ -	have been incurred, and that to the best of my knowledge and belief we have complied with all laws,																	
% Completed	#DIV/0!	#DIV/0!					regulations and contractual provisions that are conditions of payment under this contract.																	
													Signature of Authorized Certifying Official						Typed or Printed Name of Certifying Official					
													Prepared by						Title of Certifying Official					
Submit to the OEO Office by the 10th working day each month																								